

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
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18						
19						
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21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33	2					
34	2					
35	2					
36	2					
37	2					
38	2					
39	2					
40	2					
41	2					
42	2					
43	2					
44	2					
45	2					
46	2					
47	2					
48	2					
49	2					
50	2					
TOTAL IND.	84					
TOTAL DEP.	84					
TOTAL CLAIMS	84					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	2					
52	2					
53	2					
54	2					
55	2					
56	2					
57	2					
58	2					
59	2					
60	2					
61	2					
62	2					
63	2					
64	2					
65	2					
66	2					
67	2					
68	2					
69	2					
70	2					20
71	2					
72	2					
73	2					
74	2					
75	2					
76	2					
77	2					
78	2					
79	2					
80	2					
81	2					
82	2					
83	2					
84	2					
85	2					
86	2					
87	2					
88	2					
89	2					
90	2					
91	2					
92	2					
93	2					
94	2					
95	2					
96	2					
97	2					
98	2					
99	2					
100	2					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						